



DISCRETIONARY IN-YEAR GRANTS AND DONATIONS APPLICATION FORM

The purpose of this program is to support local community groups and eligible organizations by waiving fees for the use of Township-owned facilities. This support is intended for local events, programs, and fundraisers that meet local needs, involve and empower people, and aim for sustainability.

This form is to be used for applications submitted after the current year's Community Grants and Donations program has been approved by Council. A total of \$3,000 is available exclusively for fee waivers for the use of space and donations. Applications can be submitted at any time and will be reviewed by Township staff on a first-come, first-served basis. Applicants will be notified of the funding decision once the review is complete.

Date of Application:

Applicant Name (event/organization):

Applicant Address (event/organization):

Primary Contact:

Address:

Contact Telephone:

Contact Email:

Organization Website/Social Media:

Please select the category you are applying for:

Fee Waiver (use of space only)

☐ Large Hall ☐ Small Hall ☐ Pavilion ☐ Sports Field ☐ Indoor Ice/Floor

Donation (ice rental, pool rental, swag, etc.)

☐ 1 hour Ice ☐ 1 hour Pool ☐ Township swag: _____

Dates Funds Required: *

Can you provide financial statements if asked? ☐ Yes ☐ No

* A transaction will be made following the completion of your event.

1. FEE WAIVER: Provide a brief description of the event, its beneficiaries, and/or the program and its audience. Be sure to include the impact on Wellington North and its residents. Include the date, time, and location. (e.g., Mount Forest Large Hall, 1:00pm – 4:00pm, March 16, 2025).

2. DONATION: Provide a brief description of the event, its beneficiaries, and/or the program and its audience. Include the impact on Wellington North and its residents.

3. Has your organization already received funds from the Community Grants and Donations Fund for other programs/events/projects this year? ☐ Yes ☐ No

If yes, please explain:

4. Is this the first year for your event/program/activity? ☐ Yes ☐ No

If no, how many years has this event/program/activity been happening?

5. Is this the first time you have asked for support from Wellington North for this program/event/project? ☐ Yes ☐ No

If no, how many years have you received funding for this event/project?

6. Do you receive funding from any other sources, such as community groups or other forms of government? Please include in-kind support. ☐ Yes ☐ No

If yes, who?

7. How many attendees/participants do you anticipate?
8. How has the community been engaged in the planning of your event/program/activity?
9. How do you intend to promote your event/program/activity, and recognize the Township of Wellington North's contribution to your event/program/activity if your application is successful?
10. Please use this space to include any additional information you would like to provide about your event/program/activity. (Include a separate page if necessary.)

I hereby make the above application to the Grants and Donations Program declaring all the information contained herein is true and correct, and acknowledge that the Township of Wellington North will process the application based on the information provided.

Signature: _____ Title: _____

Printed Name of Signatory: Date:

The personal information requested in this form is being collected for the purpose of determining eligibility of an applicant to receive a Council grant. The information collected under the authority of the Freedom of Information and Protection of Privacy Act. Questions regarding the collection of this information may be directed to the Municipal Clerk at 519-848-3620, ext.4227 or at the Municipal Office, 7490 Sideroad 7 West, Kenilworth, ON N0G 2E0. Wellington North may promote the program and reserves the right to use approved and funded projects as examples in promotional programming including using photographs and descriptions of the project in promotional materials. Please submit your application to mwilson@wellington-north.com.

Date Received by Staff: _____ Signature of Staff: _____

To request an alternate format of this document, please contact township@wellington-north.com or 519-848-3620.